

# EVANS NETWORK OF COMPANIES

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**AGENT:** Scan ALL forms and documents except as noted below in red.

## Lease

- **Equipment and Hauling Agreement** (scan all 11 pages, scanning cover page is optional)
- **Exhibit A, Report of Vehicle Receipt** (scan 1 page)
- **Exhibit B, Contractor Compensation Rates** (scan 4 pages plus your rate schedule if used)
- **Exhibit C, Escrow Fund** (scan 1 page)
- **Exhibit D, Contractor Election Form** (scan 2 pages)
- **Exhibit E, Insurance and Allocation of Liability** (scan 3 pages)
- **Exhibit F, Request for Voluntary Recurring Weekly Deduction for Non-Interest Bearing Maintenance Account** (scan 1 page)

## Tractor Sign-On Forms

- **Form W-9: Request for Taxpayer Identification Number and Certification** (provide all 4 pages to applicant and scan at least the 1<sup>st</sup> page)
- **Federal Vehicle Inspection Form** (scan 1 page)
- **Equipment Insurance Program Enrollment Form for Physical Damage and/or Non-Trucking Liability Coverage** (scan **first page only... even if declining coverage**)
- **New Settlement Clearance Form** (scan 1 page)
- **Authorization for Automatic Direct Deposit** (scan 1 page)

## Additional Documents

- **Registration** (required only if owner declines our Apportioned Plate Program\*)
- **Non-Trucking Liability Insurance Certificate** (required only if owner declines our insurance program\*)  
*Must list appropriate division name, DOT number, and address as a certificate holder.*
  - Evans Delivery Co Inc. (#038111), 100-110 W Columbia Street, Schuylkill Haven PA 17972
  - Drayage Express of Delaware LLC (#1710488), 100-110 W Columbia Street, Schuylkill Haven PA 17972
  - Commercial Transportation LLC (#85508), 100-110 W Columbia Street, Schuylkill Haven PA 17972
  - E F Corporation d/b/a/ West Motor Freight (#113693), 100-110 W Columbia Street, Schuylkill Haven PA 17972
  - Madaris Transportation LLC (#835435), 100-110 W Columbia Street, Schuylkill Haven PA 17972
  - Catfish Container LLC (#2255889), 100-110 W Columbia Street, Schuylkill Haven PA 17972
  - Packard Transport (#355502), 24021 S Municipal Dr. Channahon, IL 60410-0380
  - Packard Specialized (#2113026), 100-110 W Columbia Street, Schuylkill Haven PA 17972
  - Elwood Cartage (#2268020), 24441 W Eames Suite 100 Channahon, IL 60410
  - National Drayage Services (DE) LLC (#1747093), 100-110 W Columbia Street, Schuylkill Haven PA 17972
  - Veterans Express (2368496) 100-110 W Columbia St Schuylkill Haven PA 17972
- **Physical Damage Insurance Certificate** (optional if owner declines our insurance program\*)
- **Voided Check** (required... if direct deposit is to a checking account, scan voided check; and/or, if direct deposit is to saving account, scan deposit slip; and/or, if direct deposit is to a EFS card, write "EFS" with card number, if known, on a sheet of paper and scan that.)

## \*The Safety Department will scan:

- **Registration** (but only if owner opts to rent plates through our Apportioned Plate Program)
- **Non-Trucking Liability Insurance Certificate** (but only if the tractor owner opts into coverage through our insurance program)
- **Physical Damage Insurance Certificate** (but only if the tractor owner opts into coverage through our insurance program).

# Request for Taxpayer Identification Number and Certification



▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Give Form to the requester. Do not send to the IRS.

**1** Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

**2** Business name/disregarded entity name, if different from above

**3** Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

Individual/sole proprietor or single-member LLC

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ \_\_\_\_\_

**Note:** Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

Other (see instructions) ▶ \_\_\_\_\_

C Corporation

S Corporation

Partnership

Trust/estate

**4** Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) \_\_\_\_\_

Exemption from FATCA reporting code (if any) \_\_\_\_\_

*(Applies to accounts maintained outside the U.S.)*

**5** Address (number, street, and apt. or suite no.) See instructions.

Requester's name and address (optional)

**6** City, state, and ZIP code

**7** List account number(s) here (optional)

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

<b>Social security number</b>									
			-			-			
<b>or</b>									
<b>Employer identification number</b>									
			-						

## Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*

# Evans Network of Companies – Federal Vehicle Inspection Form

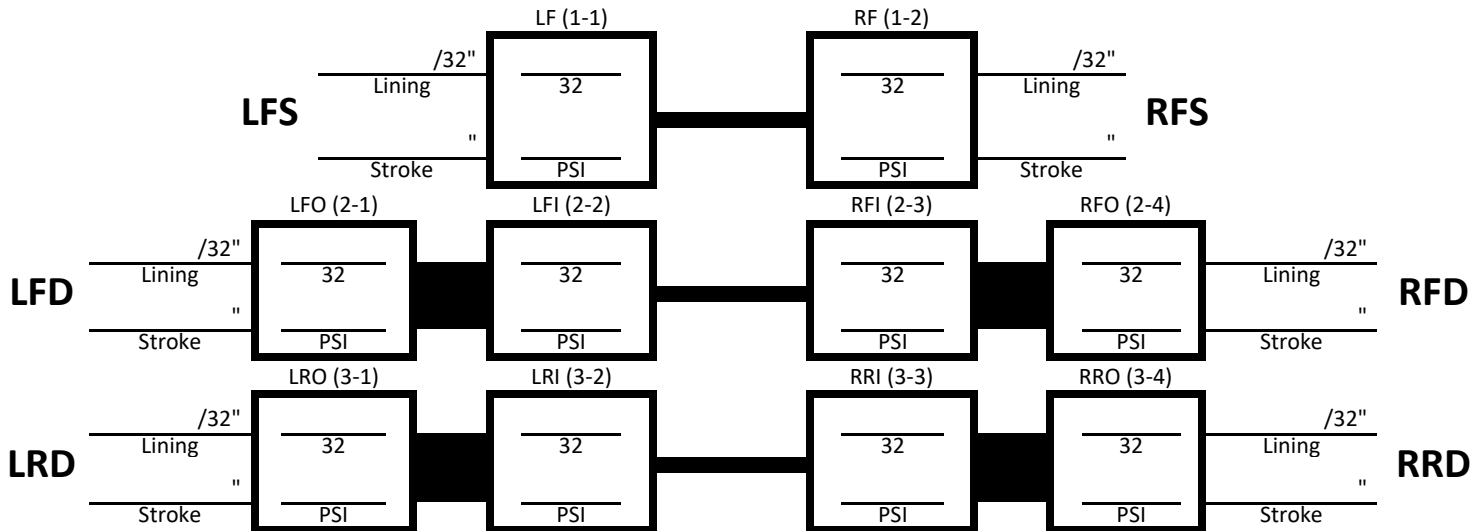


Terminal	Unit #	Mileage	Date	Inspection Facility														
Carrier/DOT#				<input type="checkbox"/> Sleeper <input type="checkbox"/> Day Cab	Address and Phone													
VIN																		Tire Size / /
EMAIL inspection and invoice to: <a href="mailto:SafetyTruckVendor@EvansDelivery.com">SafetyTruckVendor@EvansDelivery.com</a> or FAX 855-965-0954 or MAIL 1171 Market Street, Suite 202, Fort Mill, SC 29708																		

**INSTRUCTIONS:** Mark each row to verify inspection.  = OK  = Needs Repair  NA = Does not apply **QUESTIONS?** Call 1-803-547-7795

BRAKE SYSTEM	
Service brakes	
Parking brake	
Brake Shoes and Drums	
Brake hose/tubing	
Low pressure warning devices	
Tractor protection valve	
Air compressor	
EXHAUST SYSTEM	
No part of system should be leaking at a point forward or directly below the cab OR be located where it would be likely to burn or melt any electrical or fuel system.	
TIRES	
Steering axle tires tread 4/32"	
All other tires tread 2/32"	
No cuts, flats, or separation	
WHEELS & RIMS	
No Wheels or rims cracked	
No loose or missing fasteners	
Lock/Side ring	
SUSPENSION	
No U-bolts, spring hanger, or other axle position part cracked, broken, loose, or missing, resulting in shifting of an axle from its normal position.	
No spring assembly broken, loose, or missing.	

STEERING MECHANISM	
Steering wheel free play (Lash)	
Steering column looseness	
No loose steering components	
Steering gear box loose form frame	
Pitman Arm loose from output shaft	
No Ball and Socket joints loose	
FRAME	
No frame members broken or cracked	
LIGHTING DEVICES	
Complies with CFR 393.11	
FUEL SYSTEM	
No visible leak	
Fuel tank filler cap present	
Fuel tank securely attached	
SAFE LOADING	
No part of vehicle or load should be able to fall onto the road. Cargo must have protection from shifting.	
COUPLING DEVICES	
Fifth wheel/mounting	
Pintle hooks	
Drawbar/towbar tongue	
WINDSHIELD AND WIPERS	
Complies with CFR 393.60	
All wipers must be operational	



**Notes:** \_\_\_\_\_

**This vehicle has:**  PASSED all the inspection items for the federal vehicle inspection report in accordance with 49 CFR 396.  
 FAILED the inspection items for the federal vehicle inspection report in accordance with 49 CFR 396. [Please call 1-803-547-7795]

Date \_\_\_\_\_ Inspector's Signature \_\_\_\_\_

Rev.7/23/21 Printed Name \_\_\_\_\_

**Equipment Insurance Program** fax or email (570) 385-5970

Phys dam policy 794-00-01-81 [safetydriverqual@evansdelivery.com](mailto:safetydriverqual@evansdelivery.com)



Coverage Effective Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Cancellation Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

<input type="checkbox"/> Evans	<input type="checkbox"/> CTI	<input type="checkbox"/> Drayage	<input type="checkbox"/> Madaris	<input type="checkbox"/> Catfish	<input type="checkbox"/> West	<input type="checkbox"/> Packard Spec	<input type="checkbox"/> NDS
<input type="checkbox"/> Physical Damage ONLY		<input type="checkbox"/> Non-Trucking Liability ONLY		<input type="checkbox"/> ENROLL IN BOTH		<input type="checkbox"/> DECLINE BOTH	
UNIT#:			AGENT CODE:				
NAME OF INSURED:							
ADDRESS:							
CITY:			STATE:		ZIP:		
DOB:			SSN:				
LIC#:			STATE:				
PHONE: (       )							
CELL: (       )							
TRACTOR:		<input type="checkbox"/> Yes <input type="checkbox"/> No		TRAILER:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
YEAR:		MAKE:					
VIN#:							
LIENHOLDER:							
ADDRESS:							
CITY:			STATE:		ZIP:		
PHONE: (       )							
FAX #: (       )							
EMAIL:							
PHYSICAL DAMAGE:		<input type="checkbox"/> ADD			<input type="checkbox"/> DROP		
NTL COVERAGE:		<input type="checkbox"/> ADD			<input type="checkbox"/> DROP		
DECLARED VALUE:		\$					
COMMENT:							

I authorize The Evans Network of Companies accounting office to make weekly settlement deductions for my monthly insurance premiums. I also acknowledge that upon cancellation of my lease, by either the carrier or myself I am authorizing cancellation of my insurance through the fleet program. Deductible is \$1000 and premium is based on 6.5% of stated value (subject to change). If stated value is less than \$20,000, the minimum deduction will be no less than \$25 per week for power unit. In a total loss, I understand payout of my claim will be based on OneBeacon policy and that stated value is not a guarantee that my claim will be settled for that amount. I authorize reimbursement to ENC for any expenses paid on my behalf such as wrecker costs. I also understand that in order to process my enrollment I am authorizing insurance carrier to obtain my motor vehicle report.

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If verbal, Company Rep. Certification by Signature:	
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*Please be sure to provide a copy of this enrollment form to the driver/owner and advise them that a certificate will be forwarded by mail or may be requested from Corporate Safety Department.*

## What coverage is required for tractors leased to the Evans Network of Companies?

- **Non-Trucking Liability** insurance is required for *all* tractors leased to the Evans Network of Companies.
- **Physical Damage** insurance is recommended, but is not required by the Evans Network of Companies. (It may, however, be required by your leasing or finance company.)

## What is Non-Trucking Liability insurance?

This insurance (sometimes referred to as “bobtail” insurance) protects you when you damage someone else’s property or injure someone while you are on your own time and *not* under dispatch. Most insurance companies define “under dispatch” as your time en route to pick up a load, your time en route to your delivery, and your time en route to your home domicile, as long as you do not deviate from your normal course of travel. (Note: A unit under dispatch is covered for liability, cargo, and interchange equipment by your motor carrier’s insurance policies.)

## What is physical damage insurance?

Physical Damage insurance general includes:

- **Collision.** This covers damage to your tractor due to a collision with other vehicles or with other objects (when the collision is *your* fault).
- **Comprehensive.** This covers damage to your tractor due to something other than a collision with another vehicle or object. For example, damage caused by vandals, a rock breaking your windshield, or theft.

## Where can I obtain insurance coverage?

Physical Damage and/or Non-Trucking Liability insurance coverage is available through:

- **The Evans Network of Companies Insurance Program**, via weekly settlement deductions. Call 1-800-666-7885, option 1 for additional details on available coverage, or simply complete the form on the reverse and submit it to the Corporate Safety Department.
- **An insurance agent of your choice.** Research your options, choose an agent or insurance company, select your policy and coverage, and make your premium payments directly to your agent or insurance company.

*Suggestions for things to discuss with your insurance agent:*

- **Is the insured value of my vehicle realistic?** *TIP:* Check the “Blue Book” value or inquire with several dealerships on a trade-in value.
- **What is my deductible in case of a loss?** *TIP:* A higher deductible may help lower the cost of your premium.
- **Are towing and recovery charges covered? To what extent?** *TIP:* Even if it doesn’t seem worthwhile to carry physical damage coverage on an older tractor, if your policy covers towing and wrecker service, you could save thousands of dollars in case of an accident.

If you choose to obtain your Non-Trucking Liability insurance coverage from your own insurance agent, be sure that the applicable company division is included as “insured” on your certificate.

- Evans Delivery Co Inc. (#038111), 100-110 W Columbia Street, Schuylkill Haven PA 17972
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# NEW SETTLEMENT CLEARANCE FORM



**TRACTOR:** Agent: \_\_\_\_\_ Unit #: \_\_\_\_\_

Owner Name: \_\_\_\_\_

Driver Name: \_\_\_\_\_ Driver LogID: \_\_\_\_\_

**MAKE SETTLEMENTS PAYABLE TO:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ SSN/FedID: \_\_\_\_\_

Direct Deposit [see attached form]       EFS Card #: \_\_\_\_\_

**CONTRACT DEDUCTIONS:** [Note: Must be all weekly or all monthly; except UCR, which is annual]

✓	Purpose	Weekly \$	Monthly \$	Annual \$	Comments
✓	Escrow (\$50—\$1,500/week)			N/A	
	Unified Carrier Reg (UCR)	N/A	N/A		
	Plate (no monthly option)		N/A	N/A	
	IFTA (no monthly option)		N/A	N/A	
	Physical Damage (+Trailers?)			N/A	
	NTL Insurance			N/A	
	Occ Acc Insurance			N/A	
	Maintenance Account			N/A	
	Equipt Purchase/Rental			N/A	
	Cargo Risk			N/A	
	Fuel Mgmt			N/A	
	Drivers Legal Plan			N/A	
	ELD (electronic logs)		N/A	N/A	

**COMMENTS:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## Authorization for Deposit of Independent Contractor Settlement Funds via Bank Account or EFS Card

**Check one:**    Enrollment    Change    Cancellation

Agent/Terminal Code: \_\_\_\_\_ Truck Number: \_\_\_\_\_

Fed ID / Social Security Number: \_\_\_\_\_

Truck Owner Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Direct Deposit Start Date: \_\_\_\_\_

### Option 1 - BANK INFORMATION

Bank Name (please print): \_\_\_\_\_ (“Bank”)

Account Holder Name: \_\_\_\_\_

Bank Routing/Transit Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Account Type:    Checking    Savings

### Option 2 - EFS INFORMATION

EFS Card Number: \_\_\_\_\_

I hereby authorize the Evans Network of Companies to deposit independent contractor settlement funds as described above.

This Authorization Agreement is to remain in full force and effect until canceled or modified in writing by either party. In the event funds are deposited in error to the account/ on to the card detailed above, I hereby authorize the debit of those funds from said account /card for benefit of the correct party.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_